

Supplemental Application Data Sheet

Application Information

Application Number:: 10/593,318
IA Filing Date:: March 16, 2005

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: NONINVASIVE MEASUREMENTS IN A
HUMAN BODY
Attorney Docket Number:: BALBERG3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Michal
Middle Name::	
Family Name::	BALBERG
Name Suffix::	
City of Residence::	Jerusalem
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	19 Nof Harim
City of Mailing Address::	Jerusalem
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	96190
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Revital
Middle Name::	
Family Name::	PERY-SHECHTER
Name Suffix::	
City of Residence::	Rishon-Lezion
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	52 Hatizmoret Street
City of Mailing Address::	Rishon-Lezion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	75582
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name:: Michal
 Middle Name::
 Family Name:: OLSHANSKY
 Name Suffix::
 City of Residence:: Tel Aviv
 State or Province of Residence::
 Country of Residence:: Israel
 Street of Mailing Address:: 16 Bavli Street
 City of Mailing Address:: Tel Aviv
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 62331

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL05/000300	03/16/05

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: OR-NIM Medical Ltd.
 Street of Mailing Address:: 1 Yodfat Street
 City of Mailing Address:: Lod
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 71291